



## THIRD PARTY RETAIL TENANTS EXEMPTION REQUEST

Authority: P.A. 69 of 1997.

Please complete the following information and provide documentary evidence that ultimately supports this exemption request. The disposition of your exemption request will be based on the information that you provide. The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The Board, in its discretion, may at any time require the applicant to furnish additional information or complete and submit additional forms.

1. Provide MGCB Vendor Exemption Number if applicable:

2. Check Type of Ownership:

☐ Individual

☐ Partnership

☐ Corporation

☐ Limited Liability Company

☐ Other: (Describe):

3. Name of Applicant:

4. Telephone Number: ( )

Ext.

5. Facsimile Number: ( )

6. Email:

7. Business Address:

Street:

City:

County:

State:

Country:

Zip:

8. Type of Business Conducted with Casino: (Describe the goods/service(s) to be provided).

9. Doing Business As (DBA):

10. US Federal Employer Identification Number/Social Security Number:

11. Contact Person:

**PURSUANT TO MICHIGAN GAMING CONTROL BOARD RESOLUTION AND ORDER NO. 2003-05, THIRD PARTY RETAIL TENANTS WHO HAVE A STRICTLY AND PURELY LANDLORD-TENANT RELATIONSHIP WITH LICENSED CASINOS MAY BE ELIGIBLE TO REQUEST EXEMPTION FROM SUPPLIER LICENSING REQUIREMENTS OF THE ACT AND RULES OF THE BOARD, PURSUANT TO RULE 322(4)(d) IF THEY MEET THE FOLLOWING CRITERIA:**

- 1. The third party retail tenants who have a strictly and purely landlord-tenant relationship with licensed casinos will not have direct access to the gaming areas and customers will be able to access their facilities without entering the gaming areas.**
- 2. The third party retail tenants who have a strictly and purely landlord-tenant relationship with licensed casinos will have no financial or commercial interaction with licensed casinos (including any type of arrangements for the provision of complimentary goods or services for casino patrons), except for customary and traditional landlord-tenant relationships.**

☐ If applying as a **third party retail tenant**, attach documentary evidence to demonstrate that Applicant has a written agreement with a Detroit casino as a third party retail tenant.

Send to:

MICHIGAN GAMING CONTROL BOARD  
1500 Abbott Road, Suite 400, East Lansing, MI 48823  
Facsimile Number: 517.241.1480  
Telephone: 517.241.0040

## CERTIFICATION

Name of Applicant: \_\_\_\_\_

The undersigned hereby certifies that all the representations, information and data, presented in this application, are true, accurate and complete to the best of the undersigned's knowledge. *The undersigned understands that failure to answer truthfully, completely and accurately could preclude the supplier from obtaining or maintaining a supplier license or exemption. Further, the undersigned certifies that they accept and consent to the conditions, requirements and procedures outlined in MGCB Resolution 2003-05, specifically the following:*

1. The third party retail tenants who have a strictly and purely landlord-tenant relationship with licensed casinos will not have direct access to the gaming areas and customers will be able to access their facilities without entering the gaming areas.
2. The third party retail tenants who have a strictly and purely landlord-tenant relationship with licensed casinos will have no financial or commercial interaction with licensed casinos (including any type of arrangements for the provision of complimentary goods or services for casino patrons), except for customary and traditional landlord-tenant relationships.

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. The Board, in its discretion, may at any time require the applicant to furnish additional information or complete and submit additional forms.

### INDIVIDUAL SUPPLIER

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Print Name

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires: \_\_\_\_\_ County of residence: \_\_\_\_\_

**CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY** (Must be signed by President, CEO or Chairperson with authority to certify on behalf of the supplier)

\_\_\_\_\_  
Signature of President, CEO, or Chairperson

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

WITNESS, my hand and Notary Seal, this \_\_\_\_\_ day of \_\_\_\_\_, of \_\_\_\_

\_\_\_\_\_  
Notary Public, (Written Signature)

\_\_\_\_\_  
Notary Public, (Printed Signature)

My commission expires: \_\_\_\_\_ County of residence: \_\_\_\_\_